

021496-000410US

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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/757,980	01/13/2004	3739	0.00	021496-000410US	7	22	5

CONFIRMATION NO. 4249

20350
 TOWNSEND AND TOWNSEND AND CREW, LLP
 TWO EMBARCADERO CENTER
 EIGHTH FLOOR
 SAN FRANCISCO, CA 94111-3834

FILING RECEIPT



OC000000012455056

Date Mailed: 04/27/2004

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. **If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).**

Applicant(s)

Rodney Brenneman, San Juan Capistrano, CA; ✓
 Richard C. Ewers, Fullerton, CA; ✓
 Vahid Saadat, Saratoga, CA; ✓
 Eugene G. Chen, Carlsbad, CA; ✓

Assignment For Published Patent Application

USGI Medical Corp., Saratoga, CA;
 Inc.

Domestic Priority data as claimed by applicant

This appln claims benefit of 60/440,054 01/13/2003 ✓

Foreign Applications

If Required, Foreign Filing License Granted: 04/22/2004

Projected Publication Date: To Be Determined - pending completion of Missing Parts

Non-Publication Request: No ✓

Early Publication Request: No ✓

** SMALL ENTITY **

526
 5/3/04

Title

Apparatus and methods for guiding an endoscope via a rigidizable wire guide

Preliminary Class

600

**LICENSE FOR FOREIGN FILING UNDER
Title 35, United States Code, Section 184
Title 37, Code of Federal Regulations, 5.11 & 5.15**

GRANTED

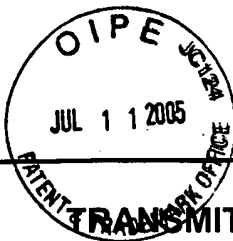
The applicant has been granted a license under 35 U.S.C. 184, if the phrase "IF REQUIRED, FOREIGN FILING LICENSE GRANTED" followed by a date appears on this form. Such licenses are issued in all applications where the conditions for issuance of a license have been met, regardless of whether or not a license may be required as set forth in 37 CFR 5.15. The scope and limitations of this license are set forth in 37 CFR 5.15(a) unless an earlier license has been issued under 37 CFR 5.15(b). The license is subject to revocation upon written notification. The date indicated is the effective date of the license, unless an earlier license of similar scope has been granted under 37 CFR 5.13 or 5.14.

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PTO/SB/21 (09-04)

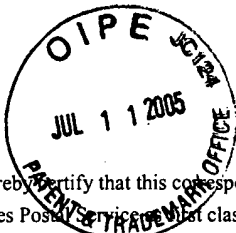
JFW

PATENT TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/757,980
	Filing Date	January 13, 2004
	First Named Inventor	BRENNEMAN, RODNEY
	Art Unit	3739
	Examiner Name	Unassigned
Total Number of Pages in This Submission	Attorney Docket Number	021496-000410US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	Request For Corrected Filing Receipt
	<input type="checkbox"/> Landscape Table on CD	A Redline Copy of Filing Receipt
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	Supplemental ADS
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	James M. Heslin		
Date	July 8, 2005	Reg. No.	29,541

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Jennifer O'Brien	Date	July 8, 2005



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PATENT
Attorney Docket No.: 021496-000410US

Office of Initial Patent Examination
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P.O. Box 1450
Alexandria, VA 22313-1450

On: 7-8-05

TOWNSEND and TOWNSEND and CREW LLP

By: Jennifer O'Brien
Jennifer O'Brien

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

BRENNEMAN et al.

Application No.: 10/757,980

Filed: January 13, 2004

For: APPARATUS AND METHODS
FOR GUIDING AN
ENDOSCOPE VIA A
RIGIDIZABLE WIRE GUIDE

Customer No.: 20350

Confirmation No.

Examiner: Unknown

Technology Center/Art Unit: 3739

**REQUEST FOR
CORRECTED FILING RECEIPT**

Office of Initial Patent Examination
Filing Receipt Corrections
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Attached is a redline corrected copy of the official Filing Receipt for the above-noted application for which issuance of a corrected Filing Receipt is respectfully requested.

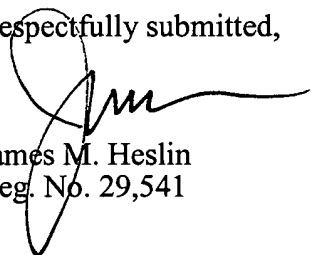
There is an error in the name of the Assignee in the Assignment for Published Patent Application section of the Filing Receipt. The correct name for the Assignee should read as follows with the correction noted in bold text:

USGI Medical **Inc.**

The correct name is specified in the Supplemental Application Data Sheet submitted herewith. Applicants respectfully request correction of the Filing Receipt.

The correction is due to applicant's error and the fee therefore, pursuant to 37 CFR §1.19(h), of \$25.00 is to be charged to Deposit Account No. 20-1430. Please charge any additional fees or credit overpayment to the Deposit Account No. 20-1430.

Respectfully submitted,



James M. Heslin
Reg. No. 29,541

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Attachments
JMH:jke
60533570 v1



SUPPLEMENTAL Application Data Sheet

Application Information

Application number:: 10/757,980
Filing Date:: 01/13/04
Application Type:: Regular
Subject Matter:: Utility
Title:: APPARATUS AND METHODS FOR GUIDING
AN ENDOSCOPE VIA A RIGIDIZABLE WIRE
GUIDE
Attorney Docket Number:: 021496-000410US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure:: —
Total Drawing Sheets:: 7
Small Entity?:: Yes
Petition included?:: No
Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
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City of Mailing Address:: Carlsbad
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 92009

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/440,054	01/13/03

Assignee Information

~~Assignee Name:: USGI Medical Corp.~~
~~Assignee Name:: USGI Medical Inc.~~
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~~Street of mailing address:: 1140 Calle Cordillera~~
~~City of mailing address:: Saratoga~~
~~City of mailing address:: San Clemente~~
State or Province of mailing address:: CA
~~Postal or Zip Code of mailing address:: 95070~~

Postal or Zip Code of mailing address:: 92673

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60533398 v1